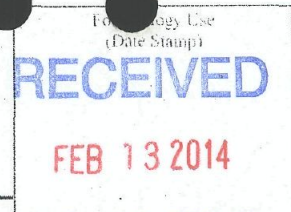




## Application for Change/Transfer of Water Right



For filing with the Department of Ecology or with County Conservancy Boards

Department of Ecology  
Eastern Regional Office

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION  
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☐ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL  
SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

### FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 2/13/2014  
CHECK NO. \_\_\_\_\_ FEE \$ \_\_\_\_\_  
DATE ACCEPTED 2-18-2014 BY aw  
CHANGE NO. 63-264520A  
COUNTY Grant WRIA 42  
SPECIAL AREA \_\_\_\_\_  
SEPA: ☐ EXEMPT ☒ NOT EXEMPT  
ECY CODING: 001-002-WR10285-000011  
APP NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
CERT NO. 63-26452 CERT OF CHG NO. \_\_\_\_\_

☐ I have participated in a pre-application conference with Ecology.

### 1. Applicant Information

APPLICANT/BUSINESS NAME <u>KANE FARMS LLC</u>	PHONE NO. <u>509-680066</u>	FAX NO.
ADDRESS <u>P.O. Box 8</u>		
CITY <u>Hartline, WA</u>	STATE <u>WA</u>	ZIP CODE <u>99135</u>
EMAIL ADDRESS (IF AVAILABLE) <u>KC Kane @ Q.com</u>		

CONTACT (IF DIFFERENT FROM ABOVE) <u>KC Kane</u>	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>Kane Farms LLC</u>	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

### 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <u>63 26452</u>	RECORDED NAME(S)
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established.  
Also, if you have a water system plan or conservation plan, please include a copy with your application.



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well 1	1	NW	SE	27	24	29		

#### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Same Well	1	NW	SE	27	24	29		
	2	NE	NE	34	24	29		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☐ NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SPREAD 320 acres spreading to	3000	320	same each year

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
spreading to 870 acres	3000	800	same

### 5. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

See Certificate

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
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DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

2 1/2 Sec 27 E 1/2 W 1/2 Sec 33  
NE 1/4 Sec 34  
west 1/2 34  
East 1/2 33

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		24	24	29	Grant		

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ ES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): \_\_\_\_\_



**6. Remarks and Other Relevant Information:**

*Spreading water right from 320 Acres To*

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

**7. Signatures:**

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.*

<u>KCK Kane</u> Applicant Printed Name - Title	<u>KCK Kane</u> Applicant Signature	<u>1/28/14</u> (Date)
<u>Kane Farms LLC</u> Water Right Holder Printed Name	<u>KCK Kane</u> Water Right Holder Signature	<u>1/28/14</u> (Date)
_____ Land Owner of Existing Place of Use Printed Name	_____ Land Owner of Existing Place of Use Signature	<u>  /  /  </u> (Date)
_____ Land Owner of Proposed Place of Use Printed Name	_____ Land Owner of Proposed Place of Use Signature	<u>  /  /  </u> (Date)

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- ☐ APPLICATION FEE NOT ENCLOSED      ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED      ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:**

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME:

Place of Use - ☐ Existing ☐ Proposed:

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
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DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_